	Kansas I	•
State	Kansas '	
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The following enrollment fee, premium or similar charge is imposed on the medically needy:

## NOT APPLICABLE

Gross Family	Charge		Liability Period	Frequent of Charg	
Income (per mo.)	Family Size				
	1 or 2	3 or 4	5 or more (4)		
(1)	(2)	(1)	<del>  </del>	(5)	(6)
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\$150 or less			<u> </u>		ł
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151 - 200	<u></u>				
		ł	1		
. 201 - 250			1		}
					1
251 - 300	ł	1	1		•
					<b>,</b>
301 - 350		1			
		-			1
351 - 400	1				
	<del></del>		<del></del>		
401 - 450					
401		<del> </del>			
451 - 500	1	1	1		
452 300					
501 - 550	1	1			ł
301 - 330					ł
551 - 600					
331 - 000				·	1
601 - 650		ţ	1		
801 - 000					
651 - 700	i i	1	· l		1
031 - 700				1	
701 - 750	· •				1
701 - 750		-	<u></u>	1	
761 000	1		1		5
751 - 800				4	
003 000	İ		1.		]
801 - 850				4	
000	ł		1	·	
851 - 900				_	1
003 050		1	1		1
901 - 950				-1	
053 1000		1	1	•	
951 - 1000				4	•
14 A4AAA			<b>.</b>		:
More than \$1000			<del></del>	4	1
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State_	Kansas	
Effect on recipient of similar charge:	non-payment of enrollment :	fee, premium or
Non-payment does no	ot affect eligibility	
Effect is as descri	bed below:	

NOT APPLICABLE